



FEE TRANSMITTAL

Docket No.	3847-001-23
Serial No.	10/043,889
Filing Date	January 11, 2002
Inventor(s)	Christopher D. LABAW
Group Art Unit	2151
Examiner	SHEIKH, Ayaz R.

TOTAL AMOUNT OF PAYMENT	\$60.00
1. <input checked="" type="checkbox"/> Applicant claims small entity status.	
<input checked="" type="checkbox"/> Charge any UNDERPAYMENT or credit any OVERPAYMENT in the indicated fees to Deposit Account No. 50-1442.	
<input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.	
2. <input checked="" type="checkbox"/> Check enclosed.	

FEE CALCULATION (continued)				
3. ADDITIONAL FEES				
Large Entity		Small Entity		Fee Description

2. <input checked="" type="checkbox"/> Check enclosed.
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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FEE CALCULATION

1051	130	2051	65	Surcharge-late filing fee or oath	
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1. BASIC FILING FEE

1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
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Large Entity		Small Entity		Fee Description
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1053	130	1053	130	Non-English specification	
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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1812	2520	1812	2520	Ex parte reexam. fee	
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1001	750	2001	375	Utility filing fee	
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1251	110	2251	55	1-mo. ext. of time	
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1002	330	2002	165	Design filing fee	
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1252	410	2252	205	2-mo. ext. of time	
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1003	520	2003	260	Plant filing fee	
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1253	930	2253	465	3-mo. ext. of time	
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1004	750	2004	375	Reissue filing fee	
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1254	1450	2254	725	4-mo. ext. of time	
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1005	160	2005	80	Provisional filing fee	
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1255	1970	2255	985	5-mo. ext. of time	
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SUBTOTAL (1)				\$0.00
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1401	320	2401	160	Notice of Appeal	
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2. EXTRA CLAIM FEES

1402	320	2402	160	Appeal Brief	
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tot. claims	22	-	20*	=	2	x	\$9	=	18
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1403	280	2403	140	Request for Oral Hearing	
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ind. claims	4	-	3*	=	1	x	\$42	=	42
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1501	1300	2501	650	Utility/Reissue Issue Fee	
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<input type="checkbox"/> Multiple Dependent Claims				\$140	=	
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1502	470	2502	235	Design Issue Fee	
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Large Entity		Small Entity		Fee Description
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1503	630	2503	315	Plant Issue Fee	
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
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1460	130	1460	130	Petitions to the Commissioner	
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1202	18	2202	9	Claims in excess of 20	
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1806	180	1806	180	IDS Submission	
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1201	84	2201	42	Independent claims in excess of 3	
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8021	40	8021	40	Assignment	
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1203	280	2203	140	Multiple dependent claim, if not paid	
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1801	750	1801	375	For Filing RCE	
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1204	84	2204	42	*Reissue independent claims over original patent	
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1802	900	1802	900	Expedited Design	
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1205	18	2205	9	*Reissue claims in excess of 20 and over original patent	
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OTHER (indicate below):					
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SUBTOTAL (2)				\$60.00
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* or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3)				\$0.00
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Name	Steven B. Kelber	Registration No.	30,073
Signature		Date	1/27/2003
Name	Raymond Millien	Registration No.	43,806
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